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## REEXAMINATION - PATENT OWNER Filing Date(s) 2 June 1999 POWER OF ATTORNEY OR Mathis et al. First Named Inventor REVOCATION OF POWER OF ATTORNEY Title BONE SCREW SYSTEM WITH A NEW POWER OF ATTORNEY Patent Number 6.048.343 AND Examiner Name Buiz, Michael CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket No(s). INST0399UTIL I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s) A Power of Attorney is submitted herewith OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our $\times$ attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all 51017 business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed only if they are merged proceedings) to be: | X | The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the Inventor, having ownership of the patent being reexamined. OR Patent owner. $|\mathbf{X}|$ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Signature Dean Date March 20 Name Dean H. Bergy 269-389-2600 Telephone Corporate Secretary, Stryker Corporation Title and Company NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*, \*Total of forms are submitted.

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